



PATENT APPLICATION
DOCKET NO.: PATH99-03

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Keith G. Weinstock, Craig Deloughery and David Bush
Serial No.: 09/252,691 Group Art Unit: 1641
Filed: February 18, 1999 Examiner: V. Portner
For: Nucleic Acid and Amino Acid Sequences Relating to
Enterobacter cloacae for Diagnostics and Therapeutics

TECH CENTER 1600/2900

NOV 19 2002

RECEIVED

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the	
United States Postal Service with sufficient postage as First Class Mail in	
an envelope addressed to Assistant Commissioner for Patents, Washington,	
D.C. 20231	
on	11/12/02
Date	Signature
Donna Boudreau	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, Virginia 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 14, 2002 of the Primary Examiner finally rejecting claims 1-10, 29-41, 43-45, and 47-50. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☒ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently.

11/18/2002 ANCHDAF1 00000065 501040 09252691
01 FC:1401 320.00 CH

11/18/2002 ANCHDAF1 00000065 501040 09252691

01 FC:1401 320.00 CH

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	
	Less fee paid ([] mo.) -	\$	_____
	Balance of fee due	\$	0
<input type="checkbox"/>	Oral Hearing	\$	
<input checked="" type="checkbox"/>	Notice of Appeal	\$	320.00
<input checked="" type="checkbox"/>	Other <u>Request for Oral Hearing</u>	\$	280.00
		TOTAL	\$ <u>600.00</u>

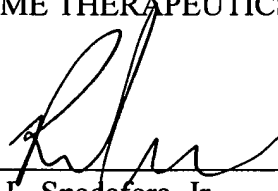
5. The method of payment for the total fees is as follows:

- ☐ A check in the amount of \$[] is enclosed.
- ☒ Please charge Deposit Account No. 501040 in the amount of \$600.00.

Please charge Deposit Account No. 501040 for any additional amounts that may be due in this matter. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

GENOME THERAPEUTICS CORPORATION

By 
Robert L. Spadafora, Jr.
Registration No.: 46,197
Tel.: (781) 398-2300
Fax: (781) 398-2530

Waltham, Massachusetts 02453

Date:

11/12/02